

POSITION	ID NO.	DATE
CLASSIFIER		21 8/20/97
EXAMINER	61581	11-4-97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final Original	
1	2/11
2	9/4
3	11/20
4	2/2
5	
6	
7	
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10	
11	
12	
13	
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
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SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final Original	
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